NHS
Maidstone and Tunbridge Wells
NHS Trust

Welcome

David Highton,
Chair of the Trust Board

NHS
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NHS Trust

Review of performance in 2016/17:

Overview

Glenn Douglas,
Chief Executive

Overview of performance in 2016/17 – Another challenging year

- The year saw a major increase in emergency demand
  - o 4,000 admissions (11 a day)
  - o 18,000 more people in A&E (50 a day)
- Higher levels of ‘Delayed Transfers of Care’ (DTOCs) led to a higher ‘Length of Stay’
- Major impact on our ability to treat elective (planned) cases
- This created additional cost and lost income from (profitable) elective activity, and led to the Trust being put into Financial Special Measures in July 2016

Overview of performance in 2016/17 – The achievements

- Despite the pressures, the Trust performed well in a number of areas
- These are described in the Annual Report, but highlights include:
  - The patient falls rate target was met (and the rate reduced to 6.07 per 1,000 occupied bed days)
  - The vacancy rate target was met (and the rate reduced to 8.3%)
  - The Trust improved its performance on the Sentinel Stroke National Audit Programme (SSNAP)
  - The Trust was named as one of the best performing in the UK in the 2016 CHKS (Comparative Health Knowledge System) “Top Hospitals Awards”
  - Significant progress was made on financial management: At the start of 2016/17, a year-end deficit of circa £23 million was planned, but the Trust ended the year with a £10.9 million deficit
    - Increased managerial effort
    - All staff rallying to the cause

2017/18 and beyond

- NHS and Social Care services are under increasing pressure - the Trust's Cost Improvement Programme (CIP) target for 2017/18 is £31.8m –the largest savings target in the Trust's history
- The Trust remains in Financial Special Measures, but is optimistic, and has a clear strategy
- An inspection by the Care Quality Commission (CQC) is expected later in 2017
- In the last week of 2016/17 the Kent and Medway Sustainability and Transformation Partnership's (STP) "case for change" document was published
- The Trust continues to work with its partners across Kent and Medway and looks forward to playing its part in ensuring services are fit for the future

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Review of performance in 2016/17:

Overview

Questions?

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Review of performance in 2016/17:

Financial performance

Steve Orpin,
Director of Finance

Financial performance 2016/17

Statutory Duty	Achieved?
Break-even Duty	x
Capital Cost Absorption Duty	✓
External Finance Limit	✓
Capital Resource Limit	✓

Financial Performance 2016/17: Break-even duty

- Trust's break-even period is normally measured over a 3 year period
- The Trust's latest 3 year break-even cycle commenced in 2013/14 and was not met by the end of the period in 2015/16
- The Trust's break-even period has therefore been extended with the plans submitted for 2017/18 and 2018/19
- The ultimate aim is to reduce the accumulated deficit towards cumulative break-even by 2020/21

Financial Special Measures

- The Trust was placed in Financial Special Measures (FSM) by NHS Improvement (NHSI) in July 2016.
- The Trust triggered FSM due to its failure to agree a control total and a significant increase in pay bill over the average of other acute NHS Trusts
- The Trust submitted a financial plan for the 2016/17 year that delivered a deficit of £22.9m, whilst the control total set by NHSI was a surplus of £4.7m (after receipt of STF funding)
- In August 2016, NHS Improvement appointed an Improvement Director, Simon Worthington, Deputy CEO / Finance Director of Bolton NHS Foundation Trust, to work with the Trust.
- His role was to oversee the creation of a robust financial recovery plan and to provide periodical assurance to NHS Improvement that the Trust was doing the right things to bring its financial position under control
- Simon worked with us until January 2017, when it was felt that the Trust was capable of making progress without further direct intervention.
- The Trust remains in Financial Special Measures at the current time.

Financial Performance 2016/17 (1)

Statement of Comprehensive Income	2016/17 (revised Plan) £m	2016/17 (Actual) £m	Variance £m
Income	440.8	430.5	(10.3)
Expenditure	(403.1)	(411.6)	(8.5)
EBITDA (deficit):	**37.7**	**18.9**	**(18.7)**
EBITDA %	0.1	0.0	(0.0)
Depreciation & other	(15.7)	(13.2)	2.5
Net interest	(14.6)	(14.6)	(0.0)
PDC dividend	(3.4)	(1.9)	1.5
Impairments	(13.5)	(41.3)	(27.8)
	(47.2)	(71.0)	(23.8)
(Deficit) before technical adjustments	**(9.5)**	**(52.1)**	**(42.5)**
Technical adjustments	14.2	41.1	26.9
(Deficit) after technical adjustments	**4.7**	**(10.9)**	**(15.6)**

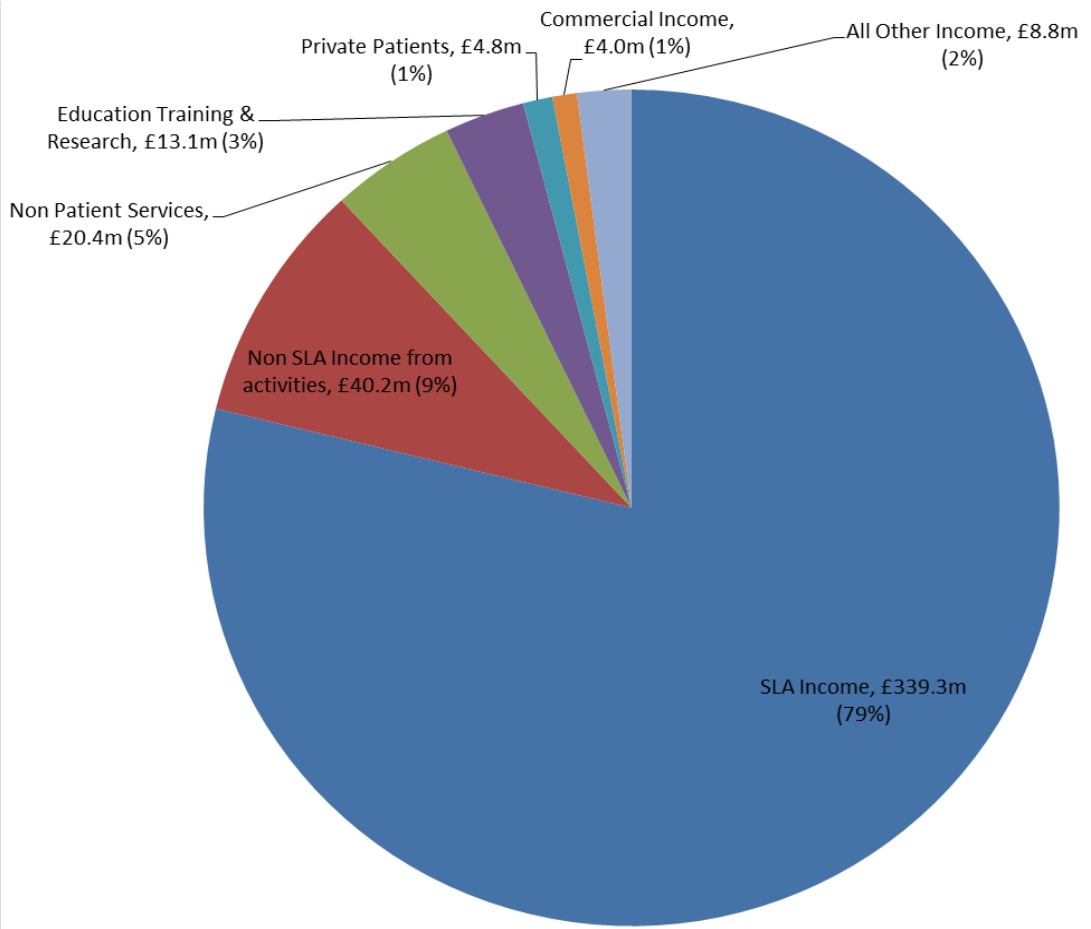
- The Trust reported a deficit of £10.9m, post Sustainability and Transformation Funding (STF), which was £15.6m adverse to the control total set at a £4.7m surplus
- The scale of this achievement against the original plan of £23.1m was a significant improvement
- The key drivers of this adverse variance were:
  - Significant use of agency staff and the associated premium, particularly in medical to cover vacancies (£1.2m)
  - The need to open escalation areas during winter (£0.3m)
  - The impact on the Trust's ability to deliver elective activity due to non elective activity, LOS and DTOC (£4.5m)
  - Included within the financial recovery plan were a number of high risk income schemes which were unable to be delivered (£4.3m)
  - Part delivery of the STF performance and financial targets (£3.7m)

Financial Performance 2016/17 (2)

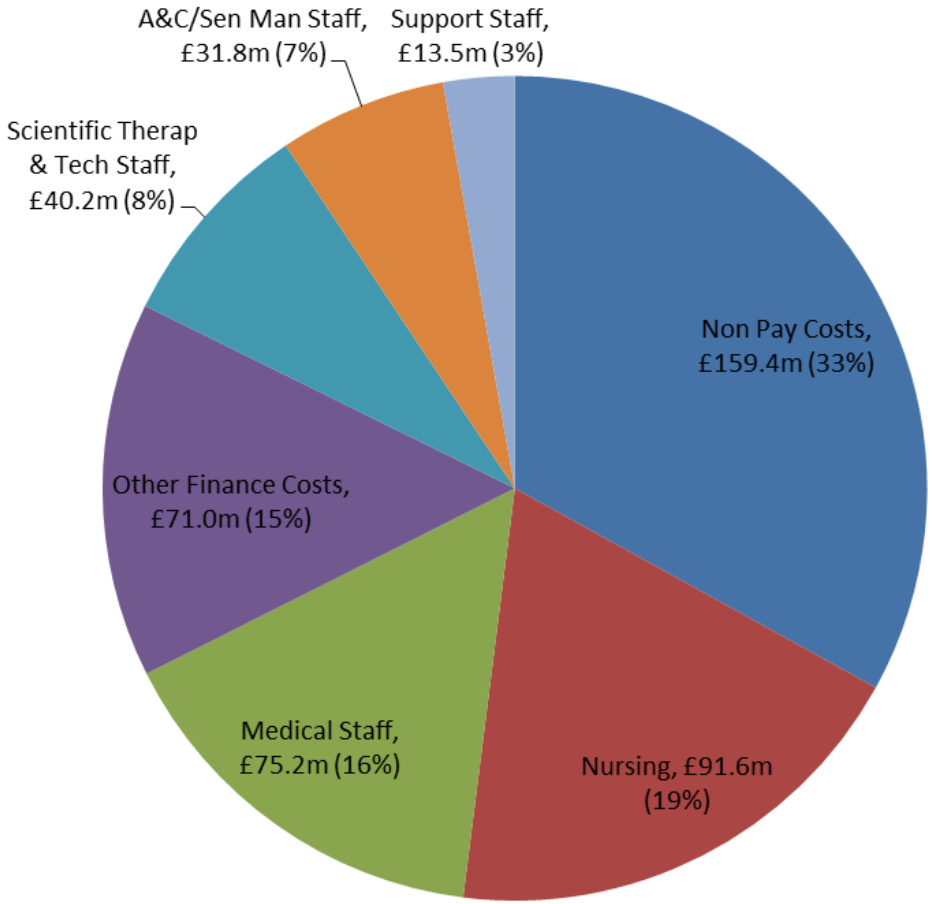
- The Trust's had a CIP and financial recovery plan (FRP) during 2016/17 of £32m
- The Trust delivered a CIP of £14.6m against a plan of £15.9m
- The FRP delivered additional savings of £9.9m against a plan of £16.2m
- Full year delivery was £24.6m, an adverse variance of £7.4m
- The main areas of slippage were:
  - Urgent Care (£5.9m) and
  - Estates and Facilities (£1.1m)

CIP programme by workstream	2016/17 Plan £'000	2016/17 Actual £'000	Variance £'000
Cancer & Haematology	£2,734	£3,182	£448
Critical Care	£1,466	£1,393	(£74)
Diagnostics	£2,833	£2,511	(£322)
Head and Neck	£1,313	£1,077	(£236)
Surgery	£2,157	£1,706	(£452)
Trauma & Orthopaedics	£2,242	£1,840	(£401)
Patient Admin	£45	£33	(£12)
Private Patients Unit	£210	£238	£28
Total Planned Care	£13,001	£11,980	(£1,021)
Urgent Care	£11,783	£5,836	(£5,947)
Women's, Children's & Sexual Health	£2,408	£1,912	(£496)
Estates & Facilities	£3,269	£2,169	(£1,100)
Corporate	£1,605	£2,657	£1,053
Total across workstreams	£32,066	£24,555	(£7,511)

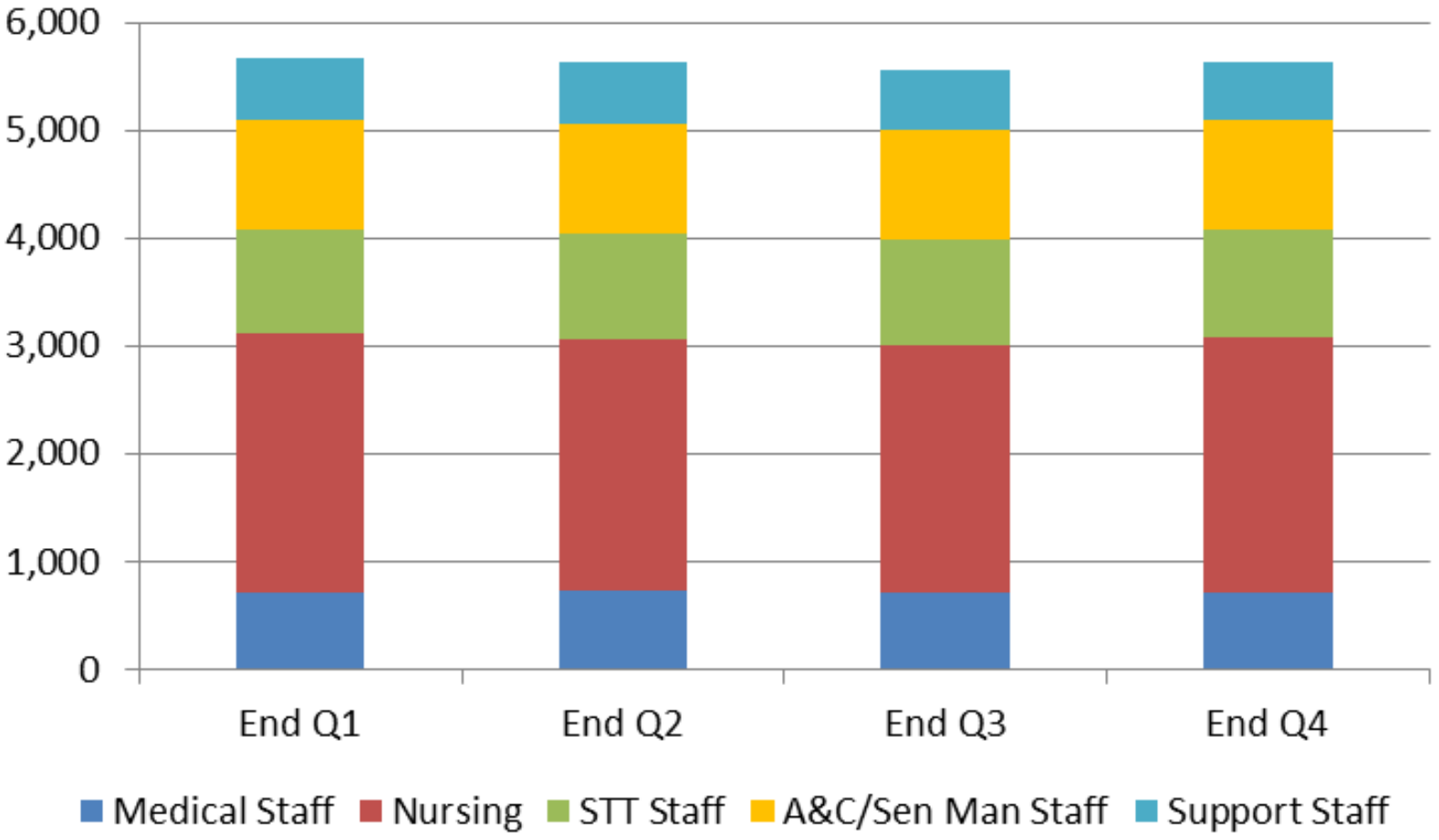
Where do we get our funding from?



What do we spend our money on?



Our staff


6,000
5,000
4,000
3,000
2,000
1,000
0
End Q1
End Q2
End Q3
End Q4
Medical Staff
Nursing
STT Staff
A&C/Sen Man Staff
Support Staff

Capital investments in 2016/17

- During the year the Trust made capital investments totalling £9.5m including £0.4m of assets funded from donated or charitable sources

- The main capital investments were on:
  - Medical equipment (£3.4m, of which £1.7m was the purchase of a Linear Accelerator)
  - IT infrastructure (£3m), including PAS replacement project work in progress
  - Estates (£2.4m) which mainly related to backlog schemes

- The Trust donated spend related to:
  - Cardiology equipment (£163k from Cardiology Legacies)
  - Various medical equipment (£85k from Directorate Charity Funds)
  - Scanner and Respiratory equipment (£57k from League of Friends)
  - Scanning equipment (£57k NHS England Grant)

Outlook for 2017/18 & 2018/19

Statement of Comprehensive Income	2017/18 (Plan) £m	2018/19 (Actual) £m
Income	436.6	446.5
Expenditure	(398.6)	(402.8)
EBITDA (deficit):	38.0	43.7
EBITDA %	9%	10%
Depreciation & other	(14.8)	(15.6)
Net interest	(15.1)	(15.2)
PDC dividend	(1.5)	(2.0)
Impairments	(1.0)	(1.0)
	(32.4)	(33.8)
Surplus before technical adjustments	5.6	10.0
Technical adjustments	1.0	1.2
Surplus after technical adjustments	6.6	11.2

- The Trust has planned a surplus of £6.6m which includes receipt of £11.2m STF during 2017/18
- The Trust has signed up to its control total set by NHS Improvement
- To deliver this surplus the Trust must deliver a £31.7m CIP programme in year
- The Trust remains in Financial Special Measures
- At the end of month 4 the Trust is behind plan by £1.3m
- The main drivers of this are:
  - CIP slippage of £1.3m (offset by £0.6m underspends against budget)
  - STF slippage of £0.5m

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Maidstone and Tunbridge Wells
NHS Trust

Review of performance in 2016/17:

Financial performance

Questions?

Listening into Action

AGM 2017

LiA Pioneer Dashboard

Knowledge is power

NHS
Maidstone and Tunbridge Wells NHS Trust

Anaesthetic Pre-operative Assessment for the fit and healthy

Dr Andy Taylor
Consultant Anaesthetist

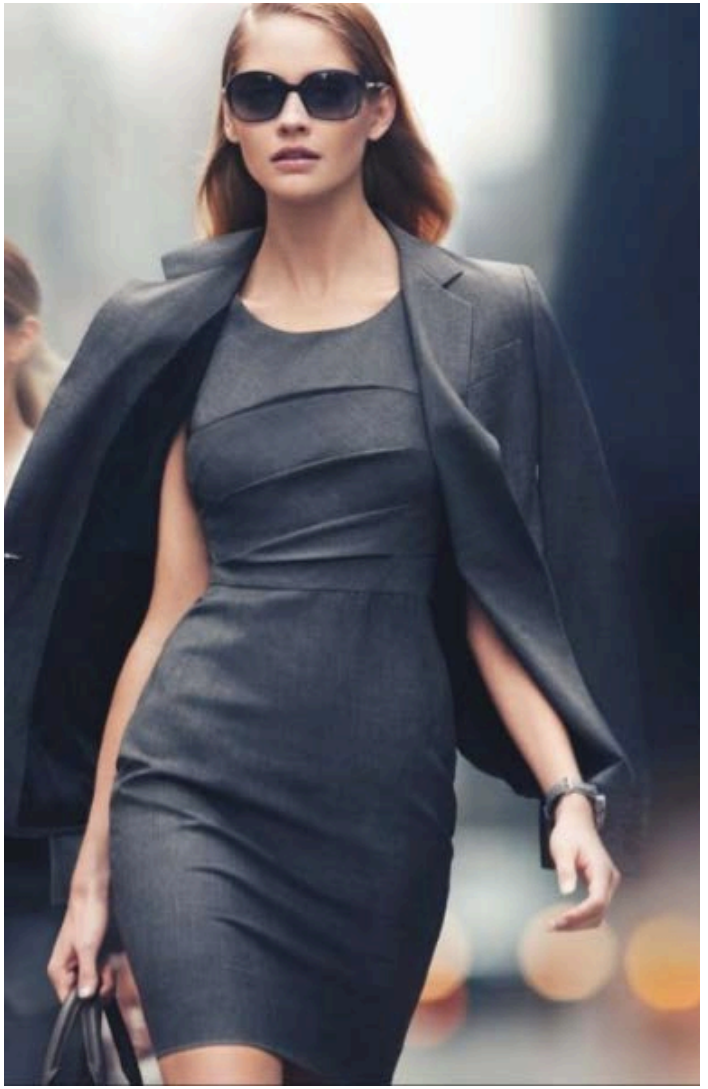
Jacqui Slingsby
Lead Matron, Critical Care

(Fran Staples, Lead Practitioner, Pre Assessment Clinic & Admissions)

SCENARIO

- Fran, 25 years old
- Works in the city, does triathlons
- Hurt knee playing 5 a side football
- Went to GP
- Had MRI – torn cartilage
- Orthopaedic OPD – needs knee arthroscopy and "tidying up"

- What does MTW POAC offer her at the moment?



A powerful case for change – Some of the Facts

Currently Circa 2,000 MTW patients attend a pre-operative assessment clinic appointment unnecessarily each year;
We only have 12,000 POA clinic slots every year!!!!

The young, fit and healthy patients ask us; why do I need to be here???

Demand is increasing without additional resources being available……. How will we manage this?

Step 1: Our mission – Progressing the pathway

- Reduce the number of fit and well patients having to attend pre operative assessment clinics.
- Reduce waiting time for patients requiring face to face Pre operative assessment appointments.
- Increase the time available for POAC to optimise patients with significant co-morbidities/complex needs.

Step 2: Sponsor Group

Name	Role
Dr Andrew Taylor	**Consultant Anaesthetist & Pre Operative Assessment Lead**
Frances Staples	**Lead Practitioner Pre Operative Assessment**
Claire O'Brien	**Chief Nurse & Executive Sponsor**
Greg Lawton	**Clinical Director, Critical Care**
Sarah Overton	**Head of Strategy/LiA Lead**
Jacqui Slingsby	**Lead Matron, Critical Care**

Step 3: Getting people on board

Name	Role
Dr Andrew Taylor	Consultant Anaesthetist
Claire O'Brien	Chief Nurse – Exec Sponsor
Dr Greg Lawton	Clinical Director
Dr Phillip Blackie	Consultant Anaesthetist
Dr Jonathan Linzner	Consultant Anaesthetist
Dr Richard Griffiths	Consultant Anaesthetist
Fran Staples	Lead Practitioner POA
Sarah Overton	Head of Strategy/LIA Lead
Sarah Mumford	Director of Infection Prevention
Michele Gordon	Outpatients Manager
Mr Lee David	Consultant T&O
Mr Chris Wright	Consultant Surgeon
Sarah Turner	ADNS Planned Care
Jacqui Slingsby	Lead Matron – Critical Care
Sarah Fielder	Nurse Consultant, IPC
Marion Bourner	Ward Manager, MOU
Helen Sweet	Sister, Admissions Lounge
Jill Brooks	T&O CAU lead
Kerry Harris	Surgery CAU lead
Daniel Gaughan	General Manager – Critical Care

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Kerry Harris	Surgery CAU lead
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Collaboration of many teams.

Anaesthetists
POAC staff
Outpatients staff
Surgeons
Admissions staff
CAU staff
Infection control staff

Step 4: A powerful case for change (outcome + measures)

For our patients
Unnecessary hospital attendances ➡ Avoidance of another appointment = Target group data against benchmark
Short notice cancellations for medical reasons ➡ Early optimisation for patients = Cancellation data
Waiting time for POA appointment ➡ Capacity to see patients earlier in the pathway = RTT report

For our staff
Capacity and time to deal with complex patients is limited ➡ Only see patients that need to attend = Target group data against benchmark
Insufficient time to optimise patients for surgery ➡ Ability to see patients earlier in the pathway = RTT report
Overbooking to see urgent short notice patients requiring surgery ➡ Capacity to see patients = Outpatient utilisation report

For our Trust
Demand for Pre Operative Assessment appointments outweighs capacity ➡ Capacity to see patients at the right point in their pathway = Capacity and Demand equates.
Duplication of work non-urgent patients returning for POA that has expired ➡ Avoidance of another appointment = Monitor against benchmark data from information.
Ageing population with complex co-morbidites requiring surgery ➡ patients fully optimised = Cancellation data, Morbidity and Mortality report.

Listening into Action

Team ***Anaesthetic Pre operative Assessment for the fit and healthy***

Step 5: Leading our LiA Conversation

Week 1-7	Week 8-10	Week 11-20
Mission and scope Invitations out Case for change	LiA Team Conversations	Team makes small number of big impact changes Create the story

Time 0: 22nd June 2017

Date and Time
14th July 2017 28th July 2017

Location
Alan Pentecost Room, Academic Centre – Maidstone Hospital

Step 6: Moving into Action

Action	Owner	By when
Health Screening Questionnaire to be reviewed and updated **28/7/17 V3 Modifications required. To be circulated as final draft** **10/08/17 Requires CJD wording, formatting and Trust Logo**	Dr Taylor/Fran Staples Fran Staples	28/7/17 **11/8/17**
Outpatient process for patients in trial group to be developed and agreed **28/7/17 Process verbally agreed but needs mapping.** **10/08/17 Sarah Overton to visit CG at TWH OPD to see space . FS has met with MG and SP to finalise OPD process & met with CG Virtual clinic to be discussed with CAU**	Sarah Pizzy,/ Carol Grey Mr David and Mr Wright Fran Staples	1/8/17 **11/8/17**
Patient inclusion criteria completed **28/7/17 Completed with minor amendments** **10/08/17 Document to be finalised by 25/08/17**	Dr Taylor/Fran Staples	28/7/17
MRSA Screening Process to be agreed (Changes to MRSA policy may be required) **28/7/17 Agreed if dated after 8/52s of being swabbed negative, can be re-swabbed on admission.** **Fast track process for swabs (pink labels) agreed but SOP to be written.** **4/8/17 MRSA policy being updated to reflect changes, sourcing labels for swabs**	Sarah Fielder/Dr Sarah Mumford	1/8/17 **11/8/17**
Identify and obtain equipment requirements for Outpatients **28/7/17 all identified for Maidstone. Need to confirm with TWH and provide patient information**	Sarah Pizzy/ Carlo Grey Fran Staples/Jacqui Slingsby	28/7/17 **11/8/17**
Patient Information/Patient letter to be written and submitted to patient information committee. **28/7/17 Completed with minor amendments**	Fran Staples/Patient Information group	28/7/17
CAU patient booking process to be reviewed and finalised **28/7/17 No attendance from CAU leads or AGMs. FS to discuss and agree process** **10/08/17 FS meeting with CAU leads and Michelle Gordon 11/08/17**	Fran Staples/Jill Brooks/Kerry Harris/Jelena Pochin/Emma Wilson	TBC
Agree process to flag fast Track patients to the Admissions Lounge Team **28/7/17 Pink form process agreed.**	Helen Sweet/Niki Poulson and Fran Staples	28/7/17

Step 6: Moving into Action

Actions
Admissions lounge & POAC donated unused equipment
Critical Care directorate funded stationary and printing for OPD work
Infection control process organised and agreed between 4 departments
Virtual clinic set up by CAU and EPR teams
POAC & OPD team organised and agreed a patient pathway between departments

Step 7: Keeping up momentum – what we will do next

NEW Mission

We Go live: Monday 11th September 2017

But…….

Step 7: Keeping up momentum – what we will do next

NEW Mission

We Go live: Monday 11th September 2017

But…….

Only 2 operations, and 2 surgeons so far…….

How many operations could be eligible?

How many patients?

Listening into Action

Anaesthetic Pre-operative Assessment for the fit and healthy

Questions?

Listening into Action

The Maidstone Antenatal Service

Miss Shazia Nazir, Consultant Obstetrician and Gynaecologist, Tunbridge Wells Hospital / Lead for Obstetrics

(Andrea Teasdale, Matron; Sarah Knight, Head of Outpatients)

Listening into Action

LiA Pioneer Dashboard

Knowledge is power

LiA Pioneer Dashboard – Maternity”

Listening into Action

Team: *Antenatal Service at Maidstone Hospital*

Step 1: Our mission

Mission (what will we impact and how will we know?)

Reshape antenatal clinic service at Maidstone hospital to cope with rising demand and changes in staffing levels.

To provide a more equitable antenatal service across both sites i.e. perinatal mental health clinic, reinstating specialist twin clinic , midwife led clinics with special focus on patients with previous caesarean sections, breech presentation and high BMI.

This will increase the normal birth rate , in the belief that normal birth rate offers good outcome for babies and women and it is also a more effective use of resources.

Strapline (short 'marketing' sentence to use on our invitations)

Right client seen at the right place by the right health professional
Better Antenatal Clinic for You

Listening into Action

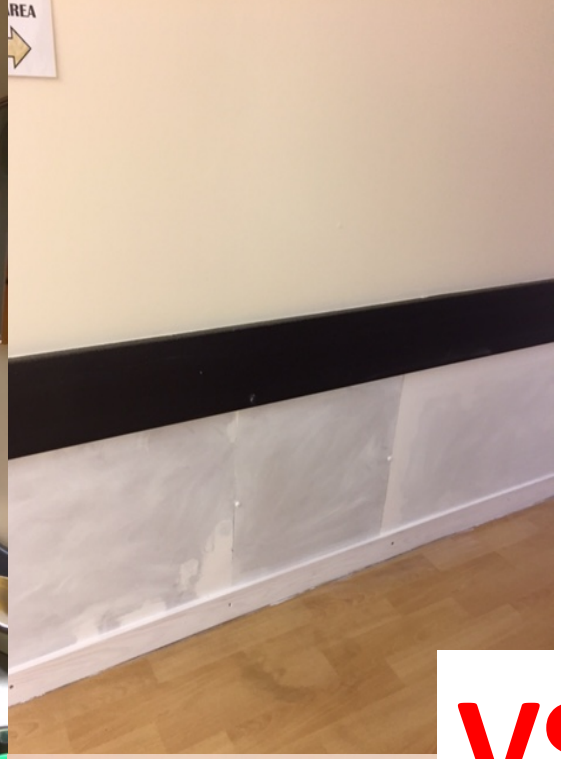
Team: *Antenatal Service at Maidstone Hospital*

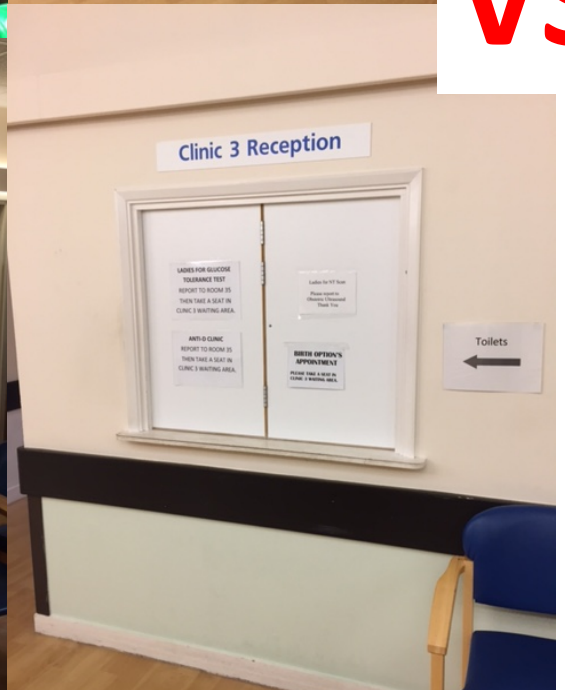
Step 4: A powerful case for change

For our patients
Increase the number of antenatal clinics to improve the number of appointments available.
Create a welcoming and more ordered environment.
Offering Specialist Clinics.

For our staff
Improving their engagement by listening to their ideas.
Job satisfaction and pride in the service they provide.
Utilising their full potential in service development.

For our Trust
Demonstrating to public, stake holders that Trust is committed to providing more equitable,
quality, safe services for Maternity at the Maidstone site.





VS

Listening into Action

Team: *Antenatal Service at Maidstone Hospital*

Step 5: Leading our LiA Conversation

Week 1-7	Week 8-10	Week 11-20
Mission and scope Invitations out Case for change	LiA Team Conversations	Team makes small number of big impact changes Create the story

Date and Time
14.07.2017 @ 1730 hrs

Location
Maidstone Antenatal Clinic

Listening into Action

The Maidstone Antenatal Service

Questions?

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Open question and answer session

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Closing remarks

David Highton,
Chair of the Trust Board